

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Brenda Saunders Sprague, Deputy Asst. Sec. for Passport Sv.
 was received by me on *(date)* 06/05/2017 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

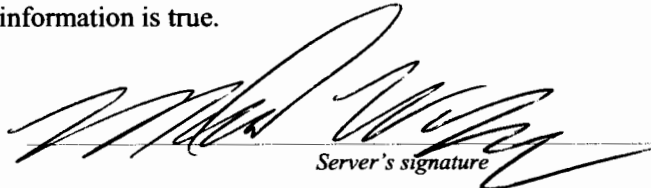
☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I served the summons by Certified United States Mail, Return Receipt Requested, on May 11, 2017. The summons was received and signed for on May 17, 2017, as shown by the attached documentation.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date:

5/20/2017


Server's signature

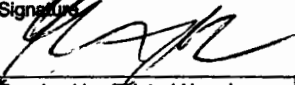

Michel Wagner -- Private Process Server

Printed name and title

Perfectly Legal Documents
 Post Office Box 1735
 Gresham, OR 97030-0735

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Brenda Saunders Sprague Deputy Asst Sec. for Passport Serv Bureau of Consular Affairs U. S. Department of State 2201 C Street Washington, D.C. 20520</p>		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below. <input checked="" type="checkbox"/> No</p> <p>U.S. Department of State</p> <p>MAY 17 2017</p>	
<p> 9590 9402 2423 6249 4288 95</p>		<p>3. Service Type <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2 Article Number (Transfer from service label) 7016 1370 0000 7405 1703</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	